

REISSUE \$

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-003  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.

PSORAYA-04923

First Named Inventor

HARZOOK MADDY

Original Patent Number

5,852,060

Original Patent Issue Date  
(Month/Day/Year)

12-22-98

Express Mail Label No.

EC 658778104115

APPLICATION FOR REISSUE OF:  
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?

☒ Yes ☐ No

(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of  
Attorney  
(PTO/SB/96)

## ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to  
the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender  
☐ Ribbonded Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
11. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. Other: .....

12-21-2000

U.S. Patent &amp; TMO/TM Mail Rcpt Dt #70

## 15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	J. MITCHELL JONES			
	MEDLEN & CARROLL			
Address	220 MONTGOMERY ST.			
	SUITE 2200			
City	SAN FRANCISCO	State	CA	Zip Code
Country	USA	Telephone	415-715-8410	Fax
				415-374-8729

NAME (Print/Type)	J. Mitchell Jones	Registration No. (Attorney/Agent)	44174
Signature	<i>J. Mitchell Jones</i>	Date	12/21/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) <i>PSORAYA-14922</i>		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) <i>6</i>	Total Claims (37 CFR 1.16(j))	(B) <i>6</i>	**** =	x \$ =	<i>0</i>	or	x \$ =	
(C) <i>3</i>	Independent claims (37 CFR 1.16(i))	(D) <i>3</i>	• =	x \$ =	<i>0</i>		x \$ =	
Basic Fee (37 CFR 1.16(h))							<i>\$353</i>	\$
Total Filing Fee						<i>\$353</i>	OR \$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** <i>51</i>	MINUS	** <i>20</i>	* = <i>31</i>	x \$ <i>9</i> =	<i>279</i>	x \$ =	
Independent Claims (37 CFR 1.16(i))	*** <i>13</i>	MINUS	***** <i>3</i>	= <i>10</i>	x \$ <i>40</i> =	<i>400</i>	x \$ =	
Total Additional Fee						<i>679</i>	OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <i>08-1290</i>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <i>1,034.00</i> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
<p><i>12/21/00</i> Date</p>				<p><i>[Signature]</i> Signature of Applicant, Attorney or Agent of Record</p> <p><i>J. Mitchell Jones</i> Typed or printed name</p>				